Address Form

**Mailing Address (All correspondence from the City of Baton Rouge/Parish of East Baton Rouge will be sent to this address)

only complete if you have a change of address, phone or email

Social Security Number

Street Address		City	
State Zip Home Phone Number () Primary Email Address		Cell Phone Number () Work Phone Number () Secondary Email Address	
Indicate below if you do not it.		e of Information ddress or phone number released to any group to	hat may request
() I do not authorize the re () I do not authorize the re		e number	
Employee Signature		Date	_
Return Information:			

Mail or Hand Deliver to: Department of Human Resources Payroll and Benefits Division, 1755 Florida St.,

Fax to: 225-389-3139

Baton Rouge, LA 70802

Name